

MOTION BY SUPERVISORS JANICE HAHN AND
MARK RIDLEY-THOMAS

June 26, 2017

FUNDING FOR THE MOBILE STROKE UNIT

In response to a motion that Supervisor Mark Ridley-Thomas and I introduced on April 17, 2017 regarding the feasibility of implementing a mobile stroke unit program through the County, the Department of Health Services (DHS) provided a set of potential options on June 1, 2017. One of these options was to support the Mobile Stroke Unit (MSU) pilot program that is being implemented by the UCLA Medical Center.

MSU is a highly advanced, modified ambulance vehicle equipped with a mobile computed tomography (CT) scanner, point-of-care laboratory testing equipment, telemedicine connection with a hospital, as well as appropriate medication and assessment tools. Essential medical personnel who are dispatched in the field on the unit include a critical care nurse, CT Technician, paramedic and physician stroke specialist (neurologist), in vehicle or equally effective via a versatile telemedicine connection. MSUs may be able to improve patient outcomes by reducing

-MORE-

MOTION

SOLIS _____

KUEHL _____

HAHN _____

BARGER _____

RIDLEY-THOMAS _____

the time to treatment or the time required to transport a patient requiring endovascular interventions to a Comprehensive Stroke Center, of which there are only currently five such centers in the County.

Currently, the UCLA MSU program is 1 of 14 other MSU programs in the United States that is currently operating or in the process of launching. The UCLA MSU program intends to participate in the first national research study through the Memorial Hermann Texas Medical Center on the effectiveness of the MSU. UCLA is one of four other MSU programs in the nation that is participating in the research study and will provide data about the impact of MSU on patient outcomes and cost. We anticipate that positive results from the study could encourage Centers for Medicare & Medicaid Services to start reimbursing hospitals and healthcare systems for mobile stroke clinical activities.

During the duration of the research study, the MSU will respond to calls that may indicate a stroke victim, and they will respond to the patient along with the ambulance so that there is no lapse in care. If it is determined on the scene that the patient does indeed have a stroke amenable to intervention, the MSU will be able to do preliminary testing and treat the patient, if applicable, right on the scene and/or take them to a Comprehensive Stroke Center for definitive care.

Funding from the Arline and Henry Gluck Foundation provided philanthropic funding that allowed UCLA to purchase the Mobile Stroke Unit and other equipment necessary for the program to start in August and operate the first 18 months of the anticipated 36-month trial on a one-week-on, one-week-off basis. During the on-weeks, the unit would operate 4-days-per-week, 10-hours-per-day in an area of the City of Los Angeles that is specified by the research protocol.

An additional \$1.36 million from the County as recommended below would allow UCLA to operate additional time outside of the research study limitations. Thus, the MSU would be operational every week of the year, on a 4-day-per-week, 10-hour-per-day schedule, and extend the overall life of the research study beyond the original 18 months to 30 months. During the “off-week,” the MSU would be planned to operate in the southern part of Los Angeles County.

Finally, \$98,000 in additional County funds will be used by UCLA to provide consultative services to DHS/Emergency Medical Services (EMS) Agency for the analysis of the MSU program (including an analysis of the impact on LA County EMS operations) after completion of the study protocol, including an evaluation of the Mobile Stroke Unit Pilot Project’s efficacy, based on clinical outcomes, cost savings and enhanced quality of care for patients treated.

After receipt and consideration of the MSU Pilot Project evaluation report, the County may request additional consultative services by UCLA, included in the \$98,000 allocation above, for a potential county-wide Mobile Stroke Program plan based on the evaluation’s cost analysis, with a proposal for geospatial mapping and planning for multiple stroke units across the county based on population density, disease incidence, community need, traffic patterns, and other factors. This work would help to determine the optimum number and placement of Mobile Stroke Units, shared across different EMS providers, to serve all stroke patients in the County.

We believe that this program will deliver life-saving stroke treatment to residents and provide additional data for the study, which will help demonstrate the effectiveness of the MSU compared to conventional ambulance transport to primary and

comprehensive stroke centers. If the results of the study indicate that the MSU is indeed a gold-standard in providing stroke care, this may enable future program expansion throughout the County.

WE, THEREFORE, MOVE that the Board of Supervisors direct

1. The Director of the Department of Health Services to allocate \$1.46 million in one-time Measure B funding to be used for the UCLA Medical Center Mobile Stroke Unit in a 30-month pilot and follow-up evaluation; and
2. The Auditor-Controller and Chief Executive Officer to realign \$244,000 from Appropriation for Contingencies to Services and Supplies in the Measure B Special Revenue Fund to support the first year of the pilot in Fiscal Year 2017-18; and
3. The Department of Health Services EMS Agency to partner with the UCLA Medical Center Mobile Stroke Unit pilot to evaluate and submit a report on program effectiveness, as described above; and
4. Delegate Authority to the Director of the Department of Health Services to execute an agreement with The Regents of the University of California on behalf of its UCLA Medical Center to include the funding required for the 30-month pilot and follow-up evaluation.

#

JH:MRT:lo:dw